

## STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

HPD-108A (R-8/96)

UNIT	UNIT	1 SHEET _____ OF _____	2 CRIME CODE	3 COUNTY	4 DISTRICT	5 CENSUS	6 BEAT	7 WATCH	8 REPORT NO.	UNIT	UNIT																									
75		9 REPORT TYPE 1 Major 2 Minor	10 TOTAL INVOLVED MV MC MOP RC PED	11 NO OF WITN	12 NUMBER KILLED	13 NUMBER INJURED	14 TOWAWAY 0 No 1 Yes	15 HIT&RUN 0 No 1 Yes	16 FIRE 0 No 1 Yes	17 PHOTOS 0 No 1 Yes	18 SELECT ONE 0 None 1 Bridge 2 Tunnel	83																								
		19 DATE/TIME OCCURRED		DAY		DATE/TIME REPORTED		20 REPORTED TO		I.D. NO.		21 INVESTIGATOR(S)																								
76		22 REPORTED BY NAME/ADDRESS					RESID. PHONE		BUS. PHONE		23 TIMES SENT: ARRIVE: BACK:		84																							
		24 WEATHER (up to two) 1 Clear    4 Hazy 2 Cloudy   5 Windy 3 Rain     6 Other		25 LIGHT/LIGHTING 1 Daylight   4 Lit-Continuous 2 Dawn-Dusk   5 Dark-Lights off 3 Lit-Spot    6 Dark-No Lights		26 LOCATION CLASSIFICATION 1 School    4 Industrial    7 No Dev 2 Business   5 Recreation   8 Others 3 Residential   6 Farms Fields			27 TRAFFIC LEVEL 1 Light 2 Medium 3 Heavy		NOTIF: ARRIVE:		85																							
77		28 NAME OF STREET OR HIGHWAY			CITY OR TOWN		ROADWORK 0 No 1 Yes		NUMBER LANS		TYPE 1 Divided 2 Undivided		FLOW 1 One-Way 2 Two-Way		JURIS/CLASS																					
	LOC.	RT#NO MI POST		29 DIST AND DIRECTION FROM REFER		REFER (MILE MARKER, INTERSECTION ETC.)									JURIS/CLASS																					
78		30 UNIT NO	UNIT CLASS	NO OF OCCUP	TRAILER TYPE	TRAILER PLATE NO.	CMV 0 No 1 YES	HAZ MTRL	31 UNIT NO	UNIT CLASS	NO OF OCCUP	TRAILER TYPE	TRAILER PLATE NO.	CMV 0 No 1 YES	HAZ MTRL																					
		32 OPERATOR'S/PEDESTRIAN'S NAME							33 OPERATOR'S/PEDESTRIAN'S NAME																											
79		34 ADDRESS							35 ADDRESS																											
		36 RESID PHONE		BUS PHONE		OCCUPATION																														
80		38 PLACE OF EMPLOYMENT/ADDRESS							39 PLACE OF EMPLOYMENT/ADDRESS																											
		40 SEX 1 M 2 F	DATE OF BIRTH (age)		RACE		CDL 0 No 1 YES		41 SEX 1 M 2 F	DATE OF BIRTH (age)		RACE		CDL 0 No 1 YES																						
81		42 OPERATOR'S LICENSE NO.		STATE	CLASS	ENDRS	EXP YR.	43 OPERATOR'S LICENSE NO.	STATE	CLASS	ENDRS	EXP YR.																								
82		RESTRCT 44 0 No 1 Yes	COMPL 0 No 1 Yes	COORD TEST	BAC TEST GIVEN 0 None   2 Breath 1 Refused   3 Blood		RESULT %		RESTRCT 45 0 No 1 Yes	COMPL 0 No 1 Yes	COORD TEST	BAC TEST GIVEN 0 None   2 Breath 1 Refused   3 Blood		RESULT %																						
		46 CITATIONS—Code and Number					SPD LIMIT					47 CITATIONS—Code and Number					SPD LIMIT																			
83		48 OWNER'S NAME					OWNER'S PHONE					49 OWNER'S NAME					OWNER'S PHONE																			
		50 OWNER'S ADDRESS					NOTIFIED 0 No 1 Yes					51 OWNER'S ADDRESS					NOTIFIED 0 No 1 Yes																			
84		52 INSURED BY		POLICY NO.		EXP. DATE								53 INSURED BY		POLICY NO.		EXP. DATE																		
		54 LICENSE PLATE NO.		STATE		VIN								55 LICENSE PLATE NO.		STATE		VIN																		
85		56 YEAR	MAKE		MODEL		BODY TYPE		RECON 0 No 1 Yes		COLOR		57 YEAR	MAKE		MODEL		BODY TYPE		RECON 0 No 1 Yes		COLOR														
		58 SPECIAL USE		SFTY EXPIR		WEIGHT		INITIAL IMPACT POINT		59 DAMAGED AREAS 2 Top   3 Bottom   4 Total		60 SPECIAL USE		SFTY EXPIR		WEIGHT		INITIAL IMPACT POINT		61 DAMAGED AREAS 2 Top   3 Bottom   4 Total																
86		62 STOLEN 0 No 1 Yes		TYPE OF DAMAGE 0 None   1 Light   2 Moderate   3 Severe		ESTIM. DAMAGE \$		63 STOLEN 0 No 1 Yes		TYPE OF DAMAGE 0 None   1 Light   2 Moderate   3 Severe		ESTIM. DAMAGE \$																								
		64 REMOVAL 1 Driven   2 Remained   3 Towed		REMOVED BY		65 REMOVAL 1 Driven   2 Remained   3 Towed		REMOVED BY																												
87		66 REMOVED TO					AT THE REQUEST OF 1 Police   2 Other					67 REMOVED TO					AT THE REQUEST OF 1 Police   2 Other																			
		68 OBJECT STRUCK/DAMAGE DESCRIPTION					ESTIM. DAMAGE \$					69 OBJECT STRUCK/DAMAGE DESCRIPTION					ESTIM. DAMAGE \$																			
88		70 OWNER'S NAME/ADDRESS					PHONE					71 OWNER'S NAME/ADDRESS					PHONE																			
89		72 NAME/ADDRESS															A	B	C	D	E	F	G	H	I	J	K	L	M	N						
																	UNIT	POST	AGE	SEX	EFFECT	RETY	INJ	AREA	CAUSE	CARE	TRANS	HOBR	COND	EMS CARB NO.						
90		73 REPORT WRITTEN BY															BADGE NO.					DATE/TIME					74 SUPERVISOR APPROVING					BADGE NO.				

91. ACCIDENT LOCATION				COUNTY		REPORT NO.																																																			
92. LOCATION OF FIRST HARMFUL EVENT				93. HARMFUL EVENTS																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 24%;"> <b>INTERSECTION/JUNCTION</b>                      01 Intersection Area                      02 Junction Area                      03 Driveway Access                      04 Alley Access                 </div> <div style="width: 24%;"> <b>ON ROADWAY-NOT AT INT</b>                      10 Left or Inner Lane                      11 Right or Outer Lane                      12 Other Main Lane                      13 Merge/Transition Lane                      14 Acceleration Lane                      15 Deceleration Lane                      16 Left Turn Lane                      17 Right Turn Lane                      18 Bikeway                      19 Bus/HOV Lane                 </div> <div style="width: 24%;"> <b>OFF-ROADWAY</b>                      20 Left Shoulder                      21 Right Shoulder                      22 Left Roadside                      23 Right Roadside                      24 Median                      25 Median Crossover                      26 Outside ROW                 </div> <div style="width: 24%;"> <b>OFF-ROADWAY-OTHER</b>                      30 Driveway                      31 Private Road                      32 Parking Lot                        40 Other (Specify)                 </div> </div>				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Unit</th> <th>Unit or 0</th> <th>Action</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> </tbody> </table>				Unit	Unit or 0	Action	1			2			3			4																																					
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95. DRAW OBJECTS, DIRECTIONS, ETC., ACCORDING TO CURRENT PRACTICE.				DRAW ARROW INDICATING NORTH																																																					
96. HOW WERE THE SPEEDS ESTIMATED?				97. HOW WAS POINT OF IMPACT ESTABLISHED?																																																					
98. SHOULDER TYPE (Show on diagram if it was a factor.) 0. No Shoulder 2. Unimproved 4. Gravel/Stone 6. Concrete 1. Turf 3. Graded Earth 5. Asphalt 7. Other				99. REFERENCE POINT IS _____ (FEET) _____ (DIRECTION) OF _____ (OBJECT/LANDMARK) ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE.																																																					
100. TIRE/SKID MARKS (FEET)				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OBJECT</th> <th>N</th> <th>S</th> <th>E</th> <th>W</th> </tr> </thead> <tbody> <tr><td>Wheel</td><td></td><td></td><td></td><td></td></tr> <tr><td>Unit</td><td></td><td></td><td></td><td></td></tr> <tr><td>Unit</td><td></td><td></td><td></td><td></td></tr> <tr><td>Unit</td><td></td><td></td><td></td><td></td></tr> <tr><td>Unit</td><td></td><td></td><td></td><td></td></tr> <tr><td>LI-F</td><td></td><td></td><td></td><td></td></tr> <tr><td>Rt-F</td><td></td><td></td><td></td><td></td></tr> <tr><td>LI-R</td><td></td><td></td><td></td><td></td></tr> <tr><td>Rt-R</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				OBJECT	N	S	E	W	Wheel					Unit					Unit					Unit					Unit					LI-F					Rt-F					LI-R					Rt-R				
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101. ACCIDENT DESCRIPTION (Refer to Units by Number)				102. ACTIONS OF UNINVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PED</td> <td>BICYC</td> <td>MOPED</td> <td>MC</td> <td>VEH</td> </tr> </table>				PED	BICYC	MOPED	MC	VEH																																													
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103. PREPARED BY				BADGE NO.		DATE/TIME																																																			
104. SUPERVISOR APPROVING				BADGE NO.		DAY/TIME REPRODUCED																																																			

HONOLULU POLICE DEPARTMENT

Report No. \_\_\_\_\_

District No. \_\_\_\_\_

[illegible]

HPD-108C (R-3/86)  
MOTOR VEHICLE ACCIDENT

Report of Injured Person(s)

Report No. \_\_\_\_\_

Accident Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Injured: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Injured Was:

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Unit	Posit	Age	Sex	Eject	Sfty	Inj	Area	Cause	Care	Trans	Hosp	Cond	EMS Card No

Attending Physician: \_\_\_\_\_

Operator's License: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(State) (Number)

Occupation: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Description of Injuries: \_\_\_\_\_

Had been drinking: Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_ How Many? \_\_\_\_\_ Time Last Drink? \_\_\_\_\_

Where drinks consumed (Establishment): \_\_\_\_\_

Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Injured Was:

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Unit	Posit	Age	Sex	Eject	Sfty	Inj	Area	Cause	Care	Trans	Hosp	Cond	EMS Card No

Attending Physician: \_\_\_\_\_

Operator's License: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(State) (Number)

Occupation: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Description of Injuries: \_\_\_\_\_

Had been drinking: Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_ How Many? \_\_\_\_\_ Time Last Drink? \_\_\_\_\_

Where drinks consumed (Establishment): \_\_\_\_\_

Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer's remarks:

Officer \_\_\_\_\_ I.D. No. \_\_\_\_\_ Date/Time \_\_\_\_\_

Supervisor Approving \_\_\_\_\_ I.D. No. \_\_\_\_\_ Date/Time \_\_\_\_\_

## MINOR MOTOR VEHICLE COLLISION REPORT

1 POLICE FACILITATOR		2 DISTRICT	3 BEAT	4 WATCH	5 REPORT NUMBER		
6 DATE/TIME OCCURRED					7 DATE/TIME REPORTED		
8 LOCATION							
9 NO. OF OCCUPANTS		10 OPERATOR'S NAME			11 M/F	12 OPERATOR'S LICENSE NO./EXPIRATION	
13 ADDRESS					14 HOME PHONE		15 BUSINESS PHONE
16 INSURED BY		17 POLICY NUMBER			18 EXPIRATION DATE		19 VIN NUMBER MATCH Yes <input type="checkbox"/> No <input type="checkbox"/>
20 YEAR	21 MAKE	22 MODEL	23 BODY TYPE		24 COLOR	25 LIC. PLATE NO.	26 STATE
27 REGISTERED OWNER'S NAME					28 SAFETY EXP.		29 VEH. TAX EXPIRATION
30 REGISTERED OWNER'S ADDRESS							
31 NO. OF OCCUPANTS		32 OPERATOR'S NAME			33 M/F	34 OPERATOR'S LICENSE NO./EXPIRATION	
35 ADDRESS					36 HOME PHONE		37 BUSINESS PHONE
38 INSURED BY		39 POLICY NUMBER			40 EXPIRATION DATE		41 VIN NUMBER MATCH Yes <input type="checkbox"/> No <input type="checkbox"/>
42 YEAR	43 MAKE	44 MODEL	45 BODY TYPE		46 COLOR	47 LIC. PLATE NO.	48 STATE
49 REGISTERED OWNER'S NAME					50 SAFETY EXP.		51 VEH. TAX EXPIRATION
52 REGISTERED OWNER'S ADDRESS							
53 NO. OF OCCUPANTS		54 OPERATOR'S NAME			55 M/F	56 OPERATOR'S LICENSE NO./EXPIRATION	
57 ADDRESS					58 HOME PHONE		59 BUSINESS PHONE
60 INSURED BY		61 POLICY NUMBER			62 EXPIRATION DATE		63 VIN NUMBER MATCH Yes <input type="checkbox"/> No <input type="checkbox"/>
64 YEAR	65 MAKE	66 MODEL	67 BODY TYPE		68 COLOR	69 LIC. PLATE NO.	70 STATE
71 REGISTERED OWNER'S NAME					72 SAFETY EXP.		73 VEH. TAX EXPIRATION
74 REGISTERED OWNER'S ADDRESS							
75 OBJECT STRUCK							
76 OWNER'S NAME/ADDRESS						77 PHONE	
78 REPORT WRITTEN BY		79 ID NUMBER	80 DATE/TIME		81 SUPERVISOR		

HPD-108D (R-6/95)